

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

David Maxwell

Write the full name of each plaintiff.

23 cv 03563

(Include case number if one has been assigned)

-against-

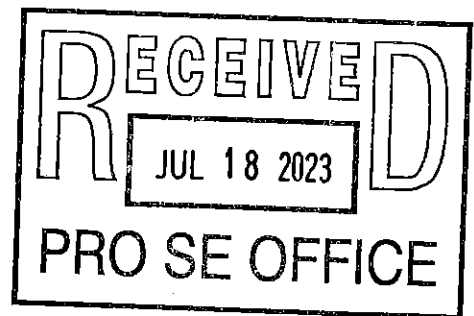
COMPLAINT

The City of New York et al.
Sergeant Howard Moth, New York City Police Dept.
Officer Fatmir Yccetovic, New York City Police Dept.
EMS Gerald Carr, Fire Dept. New York

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

This cause of action is defined by the Fourteenth
Amendment

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, David Maxwell, is a citizen of the State of
(Plaintiff's name)

New York
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of _____
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

David Allen Maxwell
First Name Middle Initial Last Name

3917 Duryea Avenue
Street Address

Bronx New York 10466
County, City State Zip Code

347 255 1089 dmaxcars62@gmail.com
Telephone Number Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: The City of New York et al.
 First Name Last Name
Law Department
 Current Job Title (or other identifying information)
100 Church Street
 Current Work Address (or other address where defendant may be served)
New York N.Y. 10007
 County, City State Zip Code

Defendant 2: Howard Moth
 First Name Last Name
Sergeant New York Police Department
 Current Job Title (or other identifying information)
4111 Macomia Avenue
 Current Work Address (or other address where defendant may be served)
Bronx New York 10466
 County, City State Zip Code

Defendant 3: Fatur Vretonic
 First Name Last Name
Officer New York Police Department
 Current Job Title (or other identifying information)
4111 Macomia Avenue
 Current Work Address (or other address where defendant may be served)
Bronx New York 10466
 County, City State Zip Code

Defendant 4: Gerald Carr Badge No 4586
 First Name Last Name
EMS, Fire Department New York
 Current Job Title (or other identifying information)
9 Metro Tech Center
 Current Work Address (or other address where defendant may be served)
Brooklyn New York 11201
 County, City State Zip Code

III. STATEMENT OF CLAIM

Place(s) of occurrence: 3917 Dodge Avenue, Bronx NY 10466

Date(s) of occurrence: May 4 2021

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

Upon calling 911 for assistance, Officer Fatmir Vretonic arrived at my house with Sergeant Howard Moth and EMS Gerald Carr in response to my claims of assault. I was assaulted by my wife with a pot of boiling oil, which she threw on me causing a third degree burn to my left outer breast. While Officer Vretonic was interviewing my wife I was sitting in my backyard with Sergeant Moth explaining my claims, while EMS Carr repeatedly stated "do you need treatment". I responded "yes", and even though EMS Carr was working with the authority of the City of New York, he failed to treat my injuries. After about 20 minutes, Officer Vretonic came out of my apartment

and stated "Sgt. we are going to have to put you under", Sergeant Noth then stated, "ugh her", and Officer Vucetovic stated, "No him" and I was then handcuffed and arrested for assault, strangulation and harassment by Officer Vucetovic and Sergeant Noth while working for the City of New York Police Department authority. One year later on May 5 2022, I was acquitted by a jury after a trial of all charges.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

My outer left forearm had third degree oil burn which caused severe pain and a permanent scar due to EMS Gerald Carr failure to administer treatment as authorized by his position of being the responding medical personnel.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

\$ 1,000,000 Compensatory Damages
\$ 1,000,000 Punitive Damages

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

July 18 2023
 Dated
David A Maxwell
 Plaintiff's Signature
David A Maxwell
 First Name Middle Initial Last Name
3917 Duryea Avenue
 Street Address
Bronx NY 10466
 County, City State Zip Code
347 255 1089 dmaxcars62@gmail.com
 Telephone Number Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.